University of Illinois at Chicago Academic Staff 2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR **APPROVAL**

Last Name:	Aronson
First Name:	Sari
Title / Rank:	Clinical Professor
College:	Medicine
Dept. / Unit:	Psychiatry
Appointment	50_%
University Composition [1] 9 months/[ntract Period¹]10 months/⊠12 months/⊡Summer

PART I. Conflict of Interest Screening				
Please attach an explanatory statement for all "yes" responses.				
1. Do you have a consulting or other financial relationship with a sponsor of your research? yes* x no				
2. Do you or does any member of your family ² have a managerial role or a significant ³				
financial relationship with a company that does business with the University or with a				
company in a field of your research? ☐ yes* 🗵 no				
3. Do you have non-University professional activities or income producing activities				
involving University of Illinois students, or other faculty or staff?				
4. Do you or does any member of your immediate				
family have any other relationships,				
commitments, or activities that might present or				
appear to present a conflict of interest or				
commitment with your University of Illinois				
appointment? Such relationships may include				
financial or fiduciary interests or				
uncompensated activities. Report these whether				
or not you believe the conflict is manageable. yes* x no				
*Please <u>list</u> and <u>explain</u> in an attached statement any "yes"				
responses to the questions above. Lists in Part II do NOT				
suffice as explanation.				
Durdania Activities				

PART II. Listing of Non-University Income Producing Activities

* If your appointment is less than 75% time, you do not need to complete this section.

* Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.

- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature Please submit to your unit head for administrative review and approval.

Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

University Policy defines "Family" as one's spouse and children.

4 The University Policy on Conflicts of Commitment and Interest is available at: http://www.vnaa.uillinois.edu/policies/conflict_toc.asn

Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Co	onflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)			
A. Based on th	ne activity reported and to the best of my knowledge and in my judgment:			
\Starter	No conflict of interest or commitment exists.			
A conflict of interest or commitment may exist, but is being monitored by the department. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).				
	A conflict of interest or commitment may exist that warrants further review. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)			
As descri	bed by the academic staff member, the involvement of University of Illinois students, faculty aff in his/her non-University activities does not appear to be detrimental to those individuals.			
	Agree			
	Disagree <u>If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.</u>			
PART V An	proval of Activities (Please attach a copy of any referenced explanation.)			
A. Retrospect	ive Activities (2007-2008)			
⋈	No retrospective activities are reported or all retrospective activities are approved.			
	Some or all retrospective activities are not approved.			
	If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.			
B. Prospectiv	e Activities (<u>2008-2009</u>)			
×	No prospective activities are reported or all prospective activities are approved.			
	Some or all declared prospective activities are not approved. If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)			
The above info	ormation is correct and complete to the best of my knowledge.			
Unit Head Sign	nature Date			
PART VI. R	eview and Approval of Activities by Dean and Others as Required.			
	/VP Signature			
Additional Re (Signatures)	views Date			
	Date			

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The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpaa.ualinois.edu/policies/conflict_inc.asp

2008 - 2009

Administrative Review and Approval, UIUC RNUA 2008-2009

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- A. Based on the activity reported and to the best of my knowledge and in my judgment:
 - No conflict of interest or commitment exists.
 - O A conflict of interest or commitment may exist, but is being monitored by the department.

 If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
 - A conflict of interest or commitment may exist that warrants further review.

 If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
- B. Please complete if question 3 on page 1 of the form is answered affirmatively:
 As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.
 - O Agree
 - O Disagree

 If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President,)

PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

- A. Retrospective Activities (2007-2008)
 - No retrospective activities are reported or all retrospective activities are approved.
 - C Some or all retrospective activities are not approved.

 If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
- B. Prospective Activities (2008-2009)
 - No prospective activities are reported or all prospective activities are approved.
 - © Some or all declared prospective activities are not approved.

 If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

Date | 1 | 19 | 0 8

PART VI. Review and Approval of Activities by Dea	an and Others as Required.
Dean/Director/VP Signature Rad Schwaster (If approval needed)	Date
Additional Reviews (Signatures)	Date
	Date

University of Illinois at Urbana Champaign Academic Staff

2008-2009 Report of Non-University Activities (RNUA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name:	WHISENAND	
First Name:	ames: 5	
Title / Rank:		
College:	WEDICINE	
Dept. / Unit:	PSYCHIATRY	
Appointment	5 %	
University Cor	ntract Period ¹ 10 months/ 12 months/ Sumr	ner
	The state of the s	T

	PARIE	Conflict of Interest Scie com		
		ch an explanatory statement for all "yes	respons	es.
	1. Do you relations	have a consulting or other financial ship with a sponsor of your research?	O yes*	e no
	2. Do you have a r	or does any member of your family ² managerial role or a significant ³ Il relationship with a company that		
	does but	siness with the University or with a y in a field of your research?	O yes*	Ø 100
-	activitie	have non-University professional es or income producing activities ng University of Illinois students, or		
	other fa	culty or staff?	O yes*	⊗ 100
	4. Do you family appear to commit appear to appoint financia	or does any member of your immediate have any other relationships, ments, or activities that might present or to present a conflict of interest or ment with your University of Illinois ment? Such relationships may include all or fiduciary interests or		
-	uncomp	ensated activities. Report these whether ou believe the conflict is manageable.	O yes*	o no
	*Please lis	t and <u>explain</u> in an attached statement to the questions above. Lists in Part II	any "yes do NOT))

PART II.	Listing of	Non-Univer	sity Income	Producing	Activities

- Please complete this section regardless of your percentage
- Report days per week, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

suffice as explanation.

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 Retrospective Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 Prospective Days to be Spent in Current Reporting Period
Carle Clinic Association Attendo Psychiatrist		Yes, shareholder in the clinic.	5 to 7 lays fich .	5 to 7 days / wth.

I HAVE NO	<u>ACTIVITIES THAT I</u>	AM REQUIRED	TO REPORT
~ A127.			

PART III. Affirmation	
I office that I have read the University's Policy on Conflicts of Commitment and Interest and the above information is	
true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.	
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